Case 10-34135-KRH Doc 75 Filed 01/27/11 Entered 01/27/11 16:35:14 Desc Main Document Page 1 of 3

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Eastern District of Virginia

In re	Luther Leroy Wright, Jr.		Case No	10-34135	
_	<u> </u>	Debtor			
			Chapter	7	

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	732,400.00		
B - Personal Property	Yes	3	130,704.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		1,156,398.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		43,966.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		336,514.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			9,873.34
J - Current Expenditures of Individual Debtor(s)	Yes	2			10,731.00
Total Number of Sheets of ALL Schedu	ıles	19			
	T	otal Assets	863,104.00		
			Total Liabilities	1,536,878.00	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Eastern District of Virginia

In re	Luther Leroy Wright, Jr.		Case No	10-34135	
-	<u> </u>	Debtor			
			Chapter	7	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability Amount Domestic Support Obligations (from Schedule E) 0.00 Taxes and Certain Other Debts Owed to Governmental Units 43,966.00 (from Schedule E) Claims for Death or Personal Injury While Debtor Was Intoxicated 0.00 (from Schedule E) (whether disputed or undisputed) Student Loan Obligations (from Schedule F) 0.00 Domestic Support, Separation Agreement, and Divorce Decree 0.00 Obligations Not Reported on Schedule E Obligations to Pension or Profit-Sharing, and Other Similar Obligations 0.00 (from Schedule F) TOTAL 43,966.00

State the following:

Average Income (from Schedule I, Line 16)	9,873.34
Average Expenses (from Schedule J, Line 18)	10,731.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	16,839.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		321,417.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	39,723.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		4,243.00
4. Total from Schedule F		336,514.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		662,174.00

Case 10-34135-KRH Doc 75 Filed 01/27/11 Entered 01/27/11 16:35:14 Desc Main Document Page 3 of 3

B6I (Official Form 6I) (12/07)

In re	Luther Leroy Wright, Jr.		Case No.	10-34135	
		Debtor(s)			

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Married Employment: Occupation Ph	RELATIONSHIP(S): Son Son Son Son Daughter DEBTOR	AG	E(S): 10 12 3 5			
Employment: Occupation Ph	Son Son Daughter DEBTOR ysician		12 3			
Employment: Occupation Ph	Son Son Daughter DEBTOR ysician		3			
Occupation Physical P	Son Daughter DEBTOR ysician					
Occupation Physics	Daughter DEBTOR ysician		5			
Occupation Physical P	DEBTOR ysician					
Occupation Physics	ysician		8 m	onths		
				SPOUSE		
	II I leekk Creteree	Registere	d Nu	rse		
Name of Employer VC	U Health Systems	SRMC				
How long employed Les	ss than 1 year	17 years				
Address of Employer PO	Box 980132	200 Medi	cal Pa	ark Blvd		
	hmond, VA 23298	Petersbu	rg, V	A 23805		
	ected monthly income at time case filed)	•	<u> </u>	DEBTOR		SPOUSE
	nmissions (Prorate if not paid monthly)		\$	11,324.00	\$	2,834.00
2. Estimate monthly overtime	•		\$	0.00	\$	0.00
.			· —		· 	
3. SUBTOTAL		ſ	\$	11,324.00	\$	2,834.00
5.5021011E			Ψ		Ψ	
		<u>.</u>				
4. LESS PAYROLL DEDUCTIONS						
 a. Payroll taxes and social security 	7		\$	3,872.00	\$	465.83
b. Insurance			\$	265.00	\$	162.50
c. Union dues			\$	0.00	\$	0.00
d. Other (Specify): 401(k)			\$	0.00	\$	121.33
			\$	0.00	\$	0.00
5. SUBTOTAL OF PAYROLL DEDUC	CTIONS		\$	4,137.00	\$	749.66
6. TOTAL NET MONTHLY TAKE HO	OME PAY		\$	7,187.00	\$	2,084.34
7 Degular income from operation of hu	siness or profession or farm (Attach detailed sta	tomant)	\$	0.00		0.00
8. Income from real property	siness of profession of farm (Attach detailed sta	tement)		0.00	ф —	0.00
9. Interest and dividends			\$ <u> </u>	0.00	φ	
		.1	\$	2.00	э —	0.00
dependents listed above	ayments payable to the debtor for the debtor's us	e or that of	\$	0.00	\$	0.00
11. Social security or government assist	ance					
(Specify):			\$	0.00	\$	0.00
			\$	0.00	\$	0.00
12. Pension or retirement income			\$	0.00	\$	0.00
13. Other monthly income						
	om live-in mother-in-law		\$	100.00	\$	0.00
Part-Time Medica	al Director at a hospice company		\$	500.00	\$	0.00
14. SUBTOTAL OF LINES 7 THROUGH	GH 13	ſ	\$	602.00	\$	0.00
15. AVERAGE MONTHLY INCOME	(Add amounts shown on lines 6 and 14)		\$	7,789.00	\$	2,084.34
16. COMBINED AVERAGE MONTH	LY INCOME: (Combine column totals from line	e 15)		\$	9,873.	34

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

^{17.} Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: Debtor's wife will only be working part-time, but with full-time benefits, in order to care for the new baby.